Property Network Solutions Ltd

Property Management & Planning

Tenancy Application Form

***ADDRESS APPLICANT APPLYING FOR:**	***DATE:** / /
	***RENT PER WEEK: $**
***HAS THE PROPERTY BEEN VIEWED?** Yes ☐ No ☐	***I ACCEPT THE PREMISES IN IT'S CURRENT CONDITION:** Yes ☐ No ☐
***I WISH TO TAKE THE TENANCY OF THE ABOVE PREMISES FOR:** Fixed term: ☐ 6months ☐ 12months or ☐ Periodic	**Commencing on:**

***SUPPORTING DOCUMENTS ATTACHED**

To ensure your application is processed, please attach **at least one colour copy of photo identification : PHOTO ID ATTACHED** ☐

Other documents to support your application are: **(tick if attached)**

Reference ☐ Job Acceptance Letter ☐ Tertiary Acceptance Letter ☐ Proof of Income ☐ Bank Statement ☐ Letter of Recommendation ☐

APPLICANT ONE - *FIRST NAMES:	***SURNAME:**	**MALE** ☐ **FEMALE** ☐
*Phone:	*Mobile:	*Email:
*Date of Birth: / /	*Age:	*Drivers License/Birth Certificate No:
*Current Employer:	* Position:	*Length of Service:
*Manager's Name:	*Manager's Phone:	
*Are you a New Zealand Citizen: ☐ Yes ☐ No **or** a New Zealand Resident: ☐ Yes ☐ No If not, do you have a current Work Visa covering the period of tenancy (A copy of this visa is to be attached to the application): ☐ Yes ☐ No		
***CURRENT ADDRESS:**		
*How long have you lived there:	*Current rent: $	*Reason for leaving:
*Name of Landlord:	*Phone:	*Work phone:
***PREVIOUS ADDRESS:**		
*How long have you lived there:	*Previous rent: $	*Reason for leaving:
*Name of Landlord:	*Phone:	*Work phone:
*Will you be seeking assistance from WINZ: ☐ Yes ☐ No	WINZ client number:	
Community Services Card number (if applicable):	*I am a: Smoker ☐ Nonsmoker ☐	
APPLICANT TWO - *FIRST NAMES:	***SURNAME:**	**MALE** ☐ **FEMALE** ☐
*Phone:	*Mobile:	*Email:
*Date of Birth: / /	*Age:	*Drivers License/Birth Certificate No:
*Current Employer:	* Position:	*Length of Service:
*Manager's Name:	*Manager's Phone:	
*Are you a New Zealand Citizen: ☐ Yes ☐ No **or** a New Zealand Resident: ☐ Yes ☐ No If not, do you have a current Work Visa covering the period of tenancy (A copy of this visa is to be attached to the application): ☐ Yes ☐ No		
***CURRENT ADDRESS:**		
*How long have you lived there:	*Current rent: $	*Reason for leaving:
*Name of Landlord:	*Phone:	*Work phone:
***PREVIOUS ADDRESS:**		
*How long have you lived there:	*Previous rent: $	*Reason for leaving:
*Name of Landlord:	*Phone:	*Work phone:
*Will you be seeking assistance from WINZ: ☐ Yes ☐ No	WINZ client number:	
Community Services Card number (if applicable):	*I am a: Smoker ☐ Nonsmoker ☐	

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*HOW MANY TENANTS WILL BE RESIDING AT THE PROPERTY?	Adults:	Children:
Name:	Occupation:	Age:
Name:	Occupation:	Age:
Name:	Occupation:	Age:
Name:	Occupation:	Age:
*Do you have pets? ☐ Yes ☐ No	Type:	Breed:	Quantity:

*NAME OF TWO CHARACTER REFEREES: (NOT family or friends)		
1. Full name:	Relationship to Applicant:	Phone:
2. Full name:	Relationship to Applicant:	Phone:

*NEXT OF KIN (TWO required)		
Name:	Address:	
Phone:	Email:	Relationship:
Name:	Address:	
Phone:	Email:	Relationship:

***PRIVACY STATEMENT**

This Tenancy Application Form collects personal information about you. The information collected is required to assess your eligibility as a tenant for the rental property you have applied for. The information provided on this form will be used to carry out certain tenant criteria checks pursuant to Property Network Solutions' policies and procedures. This may include checks with the Ministry of Justice, TINZ or other credit check facilities, reference checks including with current or previous landlords, current or previous employers and character references. If your application is not successful, copies held by Property Network Solutions will be destroyed within one calendar month of the date of its signing. If your Tenancy Application is successful, your personal information will be stored on Property Network Solutions' property management software and in hard copy in a file for the relevant property for the term of the tenancy. This information may, upon request from the landlord, be provided to them or to their authorised agents. At the end of your tenancy, the information will be archived as required by law for a minimum of seven (7) years. Property Network Solutions may receive requests from authorities whom have a legislative mandate to collect certain information. Property Network Solutions will comply with all laws and regulations regarding those requests.

***DECLARATION** (Please declare the following by selecting YES or NO)

Have you ever been evicted by an agent/landlord?	☐ Yes	☐ No
Do you have any known reasons that will affect your ability to pay rent?	☐ Yes	☐ No
Were you refunded the rental bond at your last address in full? (if applicable) If NO, please advise what deductions were made from bond:	☐ Yes	☐ No
Have you ever been convicted of a criminal offence? If YES, please provide details:	☐ Yes	☐ No
Have you previously rented a property from Property Network Solutions? If YES, from what address:	☐ Yes	☐ No

***ACKNOWLEDGEMENT** (Please acknowledge the following by selecting either Y or N)

I, the Applicant, understand that you as the landlord have collected this information for the purpose of determining whether I am a suitable tenant for the property, in particular to check my identification, my ability to care for the property, my character and my credit-worthiness. I authorise Property Network Solutions to contact the persons named in this application, including employee and current/previous landlord, and to undertake such enquiries and searches (including credit tenancy database searches) as considered reasonably necessary. In doing so, I understand that information provided by me may be disclosed to, and further information obtained from referees named in this application and other relevant third parties. I acknowledge and accept that if this application is denied, Property Network Solutions is not legally obliged to provide the reason why. I consent and understand that should my tenancy be accepted and upon commencement of the tenancy agreement, there may be cause for the landlord to pass my details onto others which may include (but is not limited to) insurance companies, body corporates, contractors, real estate agents, salespeople and tenancy defualt databases. I acknowledge that I have been made aware of Property Network Solutions' privacy policy. I declare that the above information is true and correct and that I have supplied it of my own free will. I understand that if I am declined this tenancy for reasons of a bad credit history or Tenancy Tribunal orders against me, I am aware that this may be placed on a tenancy database.

I understand that in the event that this application is not successful, it will be destroyed after one calendar month. PAYMENT: The total amount of money required to begin this tenancy will be noted on the front of the tenancy agreement. A deposit of one week's rent is required to be paid within 48 hours of acceptance. The balance is to be paid within 7 working days of this deposit or prior to the commencement of the tenancy whichever comes first. Should any money still be outstanding in terms of the time frames outlined above this tenancy will become null and void, and the deposit forfeited.

***I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS** ☐ Yes ☐ No

Signature: Date: / /

Submit